

MEETING NOTES/ACTION ITEMS FROM 10/7/21 PSYCHIATRIC BEDS AND SERVICES INFORMAL
WORKGROUP MEETING

Below are action steps noted for the charges discussed at today's meeting.

1. Review including specialist provisions for facilities to care for bariatric patients
 - a. Melissa Reitz will review the nursing home standards and modify for this item. She will then email the language to the group and share at the next meeting.
2. Consider language for Public Health Epidemic
 - a. Tulika Bhattacharya will provide data at next meeting (number of psych beds requested, utilization of those beds, emergency CONs denied)
3. Review allowing telehealth treatment for child/adolescent programs in projects delivery requirements
 - a. Dr. Polioz will lead the subcommittee with charges 3 and 6, Phyllis Adams and Kathy Dollard will help compile current information and provider at the next meeting
4. Review adding restrictions for high occupancy beds, like hospital beds, not allowing relocation of beds for a period of years
 - a. Melissa Reitz has taken charge of a subcommittee to review charges 4 and 5
5. Review the comparative review criteria related to Medicaid participation to address unintended inequities caused by the large variation in Medicaid population in the various Health Service Areas (HSA's) developed within the standards
 - a. Melissa Reitz has taken charge of a subcommittee to review charges 4 and 5
6. Consider creative ideas for improving access to child/adolescent psychiatric beds
 - a. Kathy Dollard and Dr. Bill Polioz will share ideas to discuss at next meeting.
7. Consider any other technical changes from the Department e.g., updates or modifications consistent with other CON review standards and the Michigan Public Health Code.
 - a. Discuss at next meeting.

Submitted by
Subodh Jain.

Certificate of Need Psychiatric Beds and Services Informal Workgroup

1. Review including specialist provisions for facilities to care for bariatric patients

- Owner: Melissa Reitz, RWC Advocacy
- Amend Section 11. Additional requirements for applications included in comparative review by adding the following:

(3)(L) A QUALIFYING PROJECT WILL BE AWARDED THREE (3) POINTS IF THE PROPOSED PROJECT INCLUDES BARIATRIC ROOMS AS FOLLOWS: PROJECT USING 0 – 49 BEDS WILL RESULT IN AT LEAST ONE (1) BARIATRIC ROOM OR PROJECT USING 50 OR MORE BEDS WILL RESULT IN AT LEAST TWO (2) BARIATRIC ROOMS. BARIATRIC ROOM MEANS THE CREATION OF PATIENT ROOM(S) INCLUDED AS PART OF THE CON PROJECT, AND IDENTIFIED ON THE **FLOOR PLANS**, THAT ARE DESIGNED TO ACCOMMODATE THE NEEDS OF BARIATRIC PATIENTS WEIGHING OVER 350 POUNDS. THE BARIATRIC PATIENT ROOMS SHALL HAVE A LARGER ENTRANCE WIDTH FOR THE ROOM AND BATHROOM TO ACCOMMODATE OVER-SIZED EQUIPMENT, AND SHALL INCLUDE A MINIMUM OF A BARIATRIC BED, BARIATRIC TOILET, BARIATRIC WHEELCHAIR, AND A DEVICE TO ASSIST RESIDENT MOVEMENT (SUCH AS A PORTABLE OR BUILT IN LIFT). IF AN IN-ROOM SHOWER IS NOT INCLUDED IN THE BARIATRIC PATIENT ROOM, THE MAIN/CENTRAL SHOWER ROOM THAT IS LOCATED ON THE SAME FLOOR AS THE BARIATRIC PATIENT ROOM(S) SHALL INCLUDE AT LEAST ONE (1) SHOWER STALL THAT HAS AN OPENING WIDTH AND DEPTH THAT IS LARGER THAN MINIMUM MI CODE REQUIREMENTS.
- Action Steps:
 - Tulika & Joette will confirm language around number of beds requested vs number of beds in facility – 12/02 meeting
 - Phyllis Adams will look into language around cost reimbursement recommendations – 12/02 meeting
 - Melissa will update language – floor plans, location of bariatric beds – 12/02 meeting

2. Consider language for Public Health Epidemic

- Owner: Tulika Bhattacharya, MDHHS
- Action Steps:
 - Tulika to provide data from emergency CONs (number of psych beds requested, utilization of those beds, emergency CONs denied) at 12/02 meeting
 - Wait for data to revisit this charge

3. Review allowing telehealth treatment for child/adolescent programs in projects delivery requirements

- Owner: Phyllis Adams
- Subcommittee #1 (Reviewing charges 3 & 6)
- Action Steps:
 - Will provide update on discussions at 12/02 meeting

4. Review adding restrictions for high occupancy beds, like hospital beds, not allowing relocation of beds for a period of years

- Owner: Melissa Reitz, RWC Advocacy
- Subcommittee #2 (Reviewing charges 4 & 5)
- Action Steps:
 - Will provide update on discussions at 12/02 meeting

5. Review the comparative review criteria related to Medicaid participation to address unintended inequities caused by the large variation in Medicaid population in the various Health Service Areas (HSA's) developed within the standards

- Owner: Melissa Reitz, RWC Advocacy
- Subcommittee #2 (Reviewing charges 4 & 5)
- Action Steps:
 - Will provide update on discussions & Medicaid Cost Report ideas at 12/02 meeting

6. Consider creative ideas for improving access to child/adolescent psychiatric beds

- Owner: Phyllis Adams
- Subcommittee #1 (Reviewing charges 3 & 6)
- Action Steps:
 - Will provide updates on discussion at 12/02 meeting

7. Consider any other technical changes from the Department eg. updates or modifications consistent with other CON review standards and the Michigan Public Health Code.

- Owner:
- Action Steps:
 - No changes currently – will come back to later as needed

Charge #3

Report to Psychiatric Beds and Service Informal Workgroup on Charge 3 Current Requirements for Use of Telehealth by Inpatient Psychiatric Facilities

Prepared by Katherine Dollard, Psy.D., L.P., Director, Behavioral Health, MidMichigan Health
and Phyllis Adams, B.S., J.D., Dykema Gossett PLLC
November 3, 2021

Charge 3 of Psychiatric Beds and Services Informal Workgroup (“Workgroup”)

Charge 3 states: Review allowing telehealth treatment for child/adolescent programs in the project delivery requirements.

Summary of Problem

As discussed in the prior Workgroup meeting, staffing of existing inpatient psychiatric facilities is very challenging. In some instances, the lack of sufficient staffing may be preventing hospitals from applying for beds available in the bed pool for the planning area – particularly in more rural parts of Michigan.

Although inpatient psych facilities/units for adult patients routinely use telehealth for patient encounters, Workgroup members expressed concerns that the use of telehealth for child/adolescent (“C/A”) psychiatric inpatients is more restricted. Further discussion about this perceived restriction would be helpful to isolate the actual problem. As indicated below, the CON Standards, Michigan Mental Health Code, the Michigan Public Health Code and the Medicaid Provider Manual do not appear to impose significant restrictions on the use of telehealth/telemedicine for C/A patients. **However, Medicare conditions of participation for hospitals, The Joint Commission accreditation standards, or other requirements applicable to inpatient psych providers may have limitations, including the terms of conditions of community mental health/PIHP agreements. We request additional input from other hospital providers and/or MDHHS as to restrictions from these sources as independent research of all of these requirements is burdensome and beyond the scope of our preliminary analysis.**

Current CON Standards

The current CON Standards for Psychiatric Beds and Services effective May 28, 2021 (“CON Standards”) neither require nor prohibit the use of telehealth by a CON-approved inpatient psychiatric facility. However, if an applicant is proposing a new psychiatric hospital or unit or new beds in a unit and that project is subject to comparative review, the comparative review criteria in Section 11 of the CON Standards does award 3 points to the applicant that:

- Has or proposes to develop, with credible documentation acceptable to the Department, a telehealth and/or telemedicine program to facilitate inpatient admission of psychiatric patients, or to assist in the diagnosis, treatment or provision of other inpatient support and services necessary and appropriate for the admission or retention of a psychiatric hospital inpatient with the following features:

Charge #3

- The existing or proposed telehealth and/or telemedicine program complies or will comply with Michigan Compiled Laws Section 333.16283 to 333.16288;
- The proposed project includes infrastructure necessary or appropriate for the psychiatric telehealth and/or telemedicine services including high-speed internet connections, integration of the telehealth and/or telemedicine services with the electronic health record of the psychiatric inpatient, and physical plant design elements necessary or appropriate for compliance with applicable state and federal privacy laws; and
- The applicant has or proposes a plan to facilitate workforce training and technical assistance to support operation of the telehealth and/or telemedicine program.

An applicant is not required to propose a telehealth and/or telemedicine program but may do so to earn the 3 points under the comparative review criteria. However, if an application was subject to comparative review and the applicant was awarded points for a telehealth and/or telemedicine program, the applicant would be expected to comply with those criteria if approved and their project was actually implemented.

The project delivery requirements (“PDRs”) applicable to all approved applicants in Section 13 (adult beds) and Section 14 (child/adolescent beds) neither require nor prohibit telehealth and/or telemedicine by a CON-approved facility. However, the PDRs do require an applicant to comply with the CON Standards and, as noted above, if a successful applicant in a comparative review was awarded points for telehealth and/or telemedicine capabilities, they would be required to comply with those requirements.

Michigan Mental Health Code

The Michigan Mental Health Code includes the following references to telehealth and/or telemedicine:

- **330.1100(c) – Definitions:** (13) "Recipient" means an individual who receives mental health services, either in person or through **telemedicine**, from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. For the purposes of this act, recipient does not include an individual receiving substance use disorder services under chapter 2A unless that individual is also receiving mental health services under this act in conjunction with substance use disorder services.
- **330.1100(d) – Definitions:** (15) "**Telemedicine**" means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.
- **330.1126 - Admission or services appropriate to individual's condition or needs; duration of treatment:** The department shall endeavor to ensure that no individual will be admitted to or provided services by a facility of the department or a facility of a community mental health services program unless the facility can provide treatment or services appropriate to the individual's condition and needs. The

Charge #3

department shall also endeavor to ensure that an individual's course of treatment will be completed in the shortest practicable time.

[Dykema Note: Section 1126 does not preclude telehealth.]

- **330.1134 Psychiatric hospitals and psychiatric units; licensing; separate criteria for minors; coordination, cooperation, and agreements with state agencies; purpose:**
 - (1) The director shall establish a comprehensive system of licensing for psychiatric hospitals and psychiatric units in the state to protect the public by ensuring that these hospitals and units provide the facilities and the ancillary supporting services necessary to maintain a high quality of patient care. Separate criteria shall be developed for licensing hospital beds for minors.
 - (2) The director shall coordinate all functions within state government affecting psychiatric hospitals, and shall cooperate with other state agencies that establish standards or requirements for facilities providing mental health care to assure necessary, equitable, and consistent state regulation of these facilities without duplication of inspections or services. The director may enter into agreements with other state agencies to accomplish this purpose.

[Dykema Note: Section 1134 does not preclude telehealth.]

Michigan Public Health Code Telehealth Provisions

See Attachment A.

Michigan Insurance Code

500.3476 Telemedicine services; provisions; definitions.

(1) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer. Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the health insurance policy agreed upon between the policy holder and the insurer, including, but not limited to, required copayments, coinsurances, deductibles, and approved amounts.

(2) As used in this section:

(a) After December 31, 2017, "insurer" includes a nonprofit dental care corporation operating under 1963 PA 125, MCL 550.351 to 550.373.

(b) "Telemedicine" means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

Michigan Social Welfare Act (Medicaid Statute)

Section 105h of the Social Welfare Act (the foundational statute for the Medicaid program) addresses telemedicine, eligibility and definitions as follows:

400.105h Telemedicine; eligibility; definitions.

(1) Beginning October 1, 2020, telemedicine services are covered under the medical assistance program and Healthy Michigan program if the originating site is an in-home or in-school setting, in addition to any

Charge #3

other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

(2) The distant provider or organization is responsible for verifying a recipient's identification and program eligibility.

(3) The distant provider or organization must ensure that the information is available to the primary care provider.

(4) As used in this section:

(a) "Originating site" means the location of the eligible recipient at the time the service being furnished by a telecommunications system occurs.

(b) "Telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.

Medicaid Provider Manual

Section 18.9.D. of the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual addresses telepractice for BHT [behavioral health treatment] services as follows:

18.9.D. Telepractice for BHT Services

All telepractice services must be prior authorized (i.e., IPOS indicates telepractice as an identified treatment modality for the beneficiary) by the Michigan Department of Health and Human Services (MDHHS). Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed medical services may be prohibitive). Telepractice must be obtained through real-time interaction between the child's physical location (patient site) and the provider's physical location (provider site). Telepractice services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients, and services provided via telepractice are provided as part of an array of comprehensive services that include inperson visits and assessments with the primary supervising BHT provider. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction (i.e. increase oversight of the provision of services to the beneficiary to support the outcomes of the behavioral plan of care developed by the primary supervising BHT provider). Qualified providers of behavioral health services include Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), Licensed Psychologists (LP), Limited Licensed Psychologists (LLP), and Qualified Behavioral Health Professionals (QBHP). The provider of the telepractice service is only able to monitor one child/family at a time. The administration of telepractice services are subject to the same provision of services that are provided to a patient in person. Providers of telepractice services must be currently certified by the Behavior Analyst Certification Board (BACB), be a QBHP, be licensed in the State of Michigan as a fully licensed psychologist, or be a practitioner who holds a limited license and is under the direction of a fully licensed Michigan Department of Health and Human Services Medicaid Provider Manual Version Behavioral Health and Intellectual and Date: October 1, 2021 Developmental Disability Supports and Services Page 164 psychologist. Providers must ensure the privacy of the child and secure any information shared via telemedicine. The technology used must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards. Refer to the General Information for Providers Chapter of this manual for the complete Health Insurance Portability and Accountability Act (HIPAA) compliance requirements. The patient site may be located within a center, clinic, at the patient's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with the telepractice session. A facilitator must be trained in the use of the telepractice technology and be physically present at the patient site during the entire telepractice session to assist the patient at the direction

Charge #3

of the qualified provider of behavioral health. Occupational, physical, and speech therapy are not covered under telepractice services. Refer to the Telemedicine Services database on the MDHHS website for appropriate or allowed telemedicine services that may be covered by the Medicaid Health Plan or by Medicaid Fee-for-Service. (Refer to the Directory Appendix for website information.)

Section 4 of the Behavioral Health and Intellectual and Development Disability Supports and Services Non-Physician Behavioral Health Appendix to the Michigan Medicaid Provider Manual states:

Section 4 – Telemedicine (page C4)

Behavioral health services may be delivered via telemedicine in accordance with current Medicaid policy. In compliance with the Michigan Insurance Code of 1956 (Act 2018 of 1956), telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Refer to the Practitioner Chapter for additional information regarding telemedicine services.

Section 17 of the Practitioner Chapter of the Michigan Medicaid Manual also addresses the use of telemedicine as follows:

Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location. MDHHS requires a real time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services. Providers must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards. Telecommunication systems using store and forward technology, including asynchronous transmission of medical data or the use of robotics for remote access surgical procedures, are not included in this policy.

17.1 TELEMEDICINE SERVICES

The following services may be provided via telemedicine:

- ESRD-related services
- Behavior change intervention
- Behavioral Health and/or Substance Use Disorder Treatment
- Education Services, Telehealth
- Inpatient consultations
- Nursing facility subsequent care
- Office or other outpatient consultations
- Office or other outpatient services
- Psychiatric diagnostic procedures
- Subsequent hospital care
- Training service – Diabetes (Refer to the Diabetes Self-Management Education (DSME) Training Program subsection in the Hospital Chapter for specific program requirements).

Where face-to-face visits are required (such as ESRD and nursing facility related services), the telemedicine service may be used in addition to the required face-to-face visit but cannot be used as a substitute. There must be at least one face-to-face hands-on visit (i.e., not via telemedicine) by a physician, physician's assistant or advanced practice registered nurse per month to examine the vascular site for ESRD services. The initial visit for nursing facility services must be face-to-face.

Charge #3

Procedure code and modifier information is contained in the MDHHS Telemedicine Services Database available on the MDHHS website. (Refer to the Directory Appendix for website information.)

17.2 AUTHORIZATION REQUIREMENTS

There are no prior authorization requirements when providing telemedicine services for fee-for-service beneficiaries. Authorization requirements for beneficiaries enrolled in Medicaid Health Plans (MHPs) may vary. Providers must check with individual MHPs for any authorization or coverage requirements.

17.3 AUTHORIZED ORIGINATING SITES

The originating site is the location of an eligible beneficiary at the time the service being furnished via a telecommunications system occurs. The following are authorized as originating sites for telemedicine services:

- County mental health clinic or publicly funded mental health facility
- Federally Qualified Health Center (FQHC)
- Hospital (inpatient, outpatient, or critical access hospital)
- Office of a physician or other practitioner (including medical clinics)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Rural health clinic
- Skilled nursing facility
- Tribal Health Center (THC)

Information regarding billing for the originating site facility fee is contained in the Billing & Reimbursement for Institutional Providers and the Billing & Reimbursement for Professionals chapters. Providers at the originating site may bill services they provide on the same date as a service that is performed via telemedicine. The originating site provider is not limited to services listed on the Telemedicine Services database but must bill the medically necessary service they performed.

17.4 DISTANT SITE

The location of the physician or practitioner providing the professional service via a telecommunications system is called the distant site. A medical professional is not required to present the beneficiary to the physician or practitioner at the distant site unless medically necessary. Providers at the distant site can only bill services listed in the Telemedicine Services database.

17.5 AUTHORIZED PRACTITIONERS

In compliance with the Michigan Insurance Code of 1956 (Act 218 of 1956), telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. The physician or practitioner at the distant site who is licensed under State law to furnish a covered telemedicine service (as described in the Telemedicine Services subsection) may bill, and receive payment for, the service when it is delivered via a telecommunications system.

If providing services through the PIHP/CMHSP, the provider must have a contract with or be authorized by the appropriate entity.

In order to be reimbursed for services, distant site providers must be enrolled in Michigan Medicaid.

Charge #3

of the qualified provider of behavioral health. Occupational, physical, and speech therapy are not covered under telepractice services. Refer to the Telemedicine Services database on the MDHHS website for appropriate or allowed telemedicine services that may be covered by the Medicaid Health Plan or by Medicaid Fee-for-Service. (Refer to the Directory Appendix for website information.)

Section 4 of the Behavioral Health and Intellectual and Development Disability Supports and Services Non-Physician Behavioral Health Appendix to the Michigan Medicaid Provider Manual states:

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Behavioral health services may be delivered via telemedicine in accordance with current Medicaid policy. In compliance with the Michigan Insurance Code of 1956 (Act 2018 of 1956), telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Refer to the Practitioner Chapter for additional information regarding telemedicine services.

Section 17 of the Practitioner Chapter of the Michigan Medicaid Manual also addresses the use of telemedicine as follows:

Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location. MDHHS requires a real time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services. Providers must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards. Telecommunication systems using store and forward technology, including asynchronous transmission of medical data or the use of robotics for remote access surgical procedures, are not included in this policy.

17.1 TELEMEDICINE SERVICES

The following services may be provided via telemedicine:

- ESRD-related services
- Behavior change intervention
- Behavioral Health and/or Substance Use Disorder Treatment
- Education Services, Telehealth
- Inpatient consultations
- Nursing facility subsequent care
- Office or other outpatient consultations
- Office or other outpatient services
- Psychiatric diagnostic procedures
- Subsequent hospital care
- Training service – Diabetes (Refer to the Diabetes Self-Management Education (DSME) Training Program subsection in the Hospital Chapter for specific program requirements).

Where face-to-face visits are required (such as ESRD and nursing facility related services), the telemedicine service may be used in addition to the required face-to-face visit but cannot be used as a substitute. There must be at least one face-to-face hands-on visit (i.e., not via telemedicine) by a physician, physician's assistant or advanced practice registered nurse per month to examine the vascular site for ESRD services. The initial visit for nursing facility services must be face-to-face.

Charge #3

When providing services via telemedicine, providers can only bill for services listed on the Telemedicine Services database. Procedure code and modifier information is contained in the MDHHS Telemedicine Services Database available on the MDHHS website. (Refer to the Directory Appendix for website information.)

ATTACHMENT A

Michigan Public Health Code Telehealth Provisions

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16283 Definitions.

Sec. 16283. As used in this section and sections 16284 to 16288:

(a) "Health professional" means an individual who is engaging in the practice of a health profession.

(b) "Prescriber" means that term as defined in section 17708.

(c) "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.

(d) "Telehealth service" means a health care service that is provided through telehealth.

History: Add. 2016, Act 359, Eff. Mar. 29, 2017.

Popular name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16284 Telehealth service; consent required; exception.

Sec. 16284. Except as otherwise provided in this section, a health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment. This section does not apply to a health professional who is providing a telehealth service to an inmate who is under the jurisdiction of the department of corrections and is housed in a correctional facility.

History: Add. 2016, Act 359, Eff. Mar. 29, 2017.

Popular name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16285 Telehealth service; prescribing patient with drug; conditions; requirements.

Sec. 16285. (1) A health professional who is providing a telehealth service to a patient may prescribe the patient a drug if both of the following are met:

(a) The health professional is a prescriber who is acting within the scope of his or her practice in prescribing the drug.

(b) If the health professional is prescribing a drug that is a controlled substance, the health professional meets the requirements of this act applicable to that health professional for prescribing a controlled substance.

(2) A health professional who prescribes a drug under subsection (1) shall comply with both of the following:

(a) If the health professional considers it medically necessary, he or she shall provide the patient with a referral for other health care services that are geographically accessible to the patient, including, but not limited to, emergency services.

(b) After providing a telehealth service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, shall make himself or herself available to provide follow-up health care services to the patient or refer the patient to another health professional for follow-up health care services.

History: Add. 2016, Act 359, Eff. Mar. 29, 2017;—Am. 2017, Act 22, Imd. Eff. Mar. 31, 2017.

Popular name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16286 Telehealth service; restrictions or conditions; findings by disciplinary subcommittee.

Sec. 16286. In a manner consistent with this part and in addition to the provisions set forth in this part, a disciplinary subcommittee may place restrictions or conditions on a health professional's ability to provide a telehealth service if the disciplinary subcommittee finds that the health professional has violated section 16284 or 16285.

History: Add. 2016, Act 359, Eff. Mar. 29, 2017.

Popular name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16288 MCL 333.16284 to 333.16287; limitations.

Sec. 16288. Sections 16284 to 16287 do not do any of the following:

- (a) Require new or additional third party reimbursement for health care services rendered by a health professional through telehealth.
- (b) Limit the provision of a health care service otherwise allowed by law.
- (c) Authorize a health care service otherwise prohibited by law.

History: Add. 2016, Act 359, Eff. Mar. 29, 2017.

Popular name: Act 368